

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

APPLICANT : JAMES CHYVAN MOORE and ANN MARIE D'AMICO

SERIAL NO. : 10/604,642 ART UNIT: Unassigned

FILED : August 6, 2003 EXAMINER: Unassigned

FOR : CASINO LOW BALL GAME AND

METHOD OF DEALING CARDS THEREIN

TO THE HONORABLE DIRECTOR OF THE UNITED STATES PATENT AND TRADEMARK OFFICE P.O. Box 1450

Alexandria, Virginia 22313-1450

ATTENTION: Commissioner of Patents

PETITION TO MAKE SPECIAL BECAUSE OF APPLICANT'S AGE

Dear Sir:

Applicant hereby petitions to make this application special because of the applicant's age. Specifically, I am more than sixty-five years old, having been born on March 18, 1929. A true and correct copy of my birth certificate is attached hereto.

This petition is submitted without any fee as permitted by 37 $\text{C.F.R. }1.102\left(c\right).$

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and

belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Sincerely yours,

Date August 13, 2003

JAMES CHYVAN MOORE 30800 Avenida Del Yermo Cathedral City, CA 92234

STEPHEN C. SWIFT ATTORNEY AT LAW SUITE 600 1800 DIAGONAL ROAD ALEXANDRIA, VA 22314 (703) 418-0000

1. PLA	CE OF BIRTH	Registration	STANDARD CERTIFICATE OF BIRTH
trounty eliles		Dist. No.	Oklahoma State Board of Health
			BUREAU OF VITAL STATISTICS
or		Primary Dist. No.	OKI AHOMA CITY OF A
village		Dist. 170.	39
70 Registered No. 17212			
City exceed No. Street - X Tord			
(If in a hospital or other institution, the name of the same to be given, instead of the street and boute number)			
2 FULL NAME OF CHILD James Chyvon 1/ ware 1			
3. Sex of	4. Twins, triplets or others.	5. No. in order of birth	The state of the s
child	_		birth Well8/29
Wale (To be answered only in event of plural births) (month) (day) (yr.)			
FATHER MILES COLD MOTHER 20			
8. Full Name facule Chilecre 14. Full maiden name 9. Thornton			
			15. Residence
10. Color of race 16. Color or race 16. Color of			
11. Age at last birthdayyears. 1 12. Birthplace, at least state or foreign country, if 1			17. Age at last birthday years. 18. Birthplace, at least state or foreign country, if
known / Course			known Olla
f13. Occupation (a) Trade, profession or particular kind of work.			19. Occupation (a) Trade, profession or particular kind of work.
- Driver			Malland.
(b) General nature of industry, business or other establishment in which employed (or employer)			(b) General nature of industry hustness or other
establishment in which employed (or employer) establishment in which employed (or employer)			
20. Number of children born to this mother, includ- 21. Number of children of this mother now living			
ing present birth			21. Number of children of this mother now hying
22. CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE (1)			
Thereby certify that I attended the high of this child who was 100 344 Man 5			
(Born alive or stillborn)			
(1) When there was no attending physician or mid-			
this return A stillborn shill is ear, should make (Signature)			
breathes nor shows other evidence of life after birth. Give name added from supplemental report. (Physician or Midwife)			
AUG 9 - 19:5 19 Address 310 Med arts 31d9			
Day 02 22 1039			
Registrar. Filed			Filed 0 = 7 , 19 1 9 4 7 Registrar.
23. Did you use a one or two per cent silver nitrate solution in this infant's eye immediately after its birth?			
No N			
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•	·		• •



State Bepartment of Health

ROGER C. PIRRONG

STATE REGISTRAR OF VITAL STATISTICS

State of Oklahoma

OKLAHOMA CITY, OKLAHOMA 73152-1

I hereby certify the foregoing to be a true and correct copy, original of which is on file in this office. In testimony whereof, I have hereunto subscribed my name and caused the official seal to be affixed, at Oklahoma City, Oklahoma, this date.

THE RESERVE OF THE PROPERTY OF

CERTIFIED COPY MUST HAVE EMBOSSED SEAL

FEB 11 1991